

Attachment A
General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

Our work activities include: Unsubsidized Employment. means full- or part-time employment in the public or private sector that is not subsidized by TANF or any other public program. Unsubsidized employment also includes self employment. Subsidized Employment means full- or part-time employment in the public or private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a TANF recipient. Work Experience means a work activity, performed in return for TANF assistance that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. On-the-Job Training means training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job. Job Search and Job Readiness means the act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, and substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. Vocational Educational Training means organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring educational training. Community Service Programs means structured programs in which TANF recipients perform work for the direct benefit of the community under the auspices of public agencies or private non-profit organizations. Job Skills Training means training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. Education Directly Related to Employment means education for a participant, who has not received a high school diploma or a certificate of high school equivalency, to attain a minimum level of education related to employment that may include, but is not limited to adult basic education, English as second language, and General Educational Development (GED) or high school equivalency, where required as a prerequisite for employment by employers or occupation. Satisfactory Attendance at Secondary School or in Course of Study Leading to a Certificate of General Equivalency means education for a participant who has not completed secondary school or received a certificate of general

equivalence, to show satisfactory attendance at a secondary school or a course of study leading to a certificate of general equivalence. Providing Child Care to Individuals participating in a Community Service Program means work activity that allows a TANF recipient to provide child care to enable another TANF recipient to participate in a community service program Substance Abuse Treatment means services to reduce the severity and disabling effects related to illicit drug use and alcohol abuse by making a continuum of service modalities available to TANF families with alcohol and other drug problems and to move them to work and self-sufficiency.

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

The state provides childcare to all TANF families who become ineligible as a result of new or increased earned income. Eligibility for childcare continues until the income of the household exceeds the childcare eligibility standard or the children receiving care are 13 years old. However, children may be served up to the age of 18 if they meet requirements as specified in the CCDF State Plan. The state also provides transitional medical for all households who become ineligible for TANF due to new or increased income. These families are eligible for 6 months of medical with a possible extension of another 6 months if they meet the income standard. The income eligibility standard for these families is greater than the medical eligibility standard for other households. The state also provides support services for transportation and no fault insurance for twelve months to TANF families who become ineligible as a result of new or increased earned income. The state also provides an income subsidy to families that have used their 60 months of eligibility, are employed a minimum number of hours but continue to meet our income standards. They qualify for a supplement of \$200 per month for each adult who meets the employed definition for up to 60 months after exiting public assistance. We also provide exit and retention bonuses to families who exit due to employment before their twenty-fifth month of assistance. If they remain off assistance and remain employed they may receive a bonus at point of exit, month three, month six, month twelve and month twenty-four.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

Effective August 1999, the State instituted a full family sanction for households that refuse to engage in work without good cause. The financial assistance case is closed. The sanction or ineligible period is 1 month or until compliance, whichever is shorter, for the first non-compliance; 2 months or until compliance, whichever is longer, for the second non-compliance; and 3 months or until compliance, whichever is longer, for each additional non-compliance. Prior to August 1999, the State removed only the needs of the non-complying individual.

4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

<u>i. Licensed/regulated in-home child care:</u>	0
<u>ii. Licensed/regulated family child care:</u>	0
<u>iii. Licensed/regulated group home child care:</u>	0
<u>iv. Licensed/regulated center-based child care:</u>	0
<u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u>	0
<u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u>	0
<u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u>	0
<u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative:</u>	0
<u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative:</u>	0
<u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative:</u>	0
<u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care.</u>	0
<p><u>5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.</u></p> <p>Effective January 2002, the State amended the domestic violence policy. We allow an initial waiver status of up to 6 months with a possible extension of up to 6 months. Each individual requesting a waiver status is referred to a domestic violence agency for screening, development of a service plan if found eligible and services. These services include medical and legal referrals, counseling, group therapy, employment planning and interface with our First to Work Units to support job readiness. Failure to participate will result in the household's loss of this waiver status. The services being provided are monitored by a monthly report received from the provider agencies, billings and through periodic audits of the contract. The cases are counted by a system code and by a report from the domestic violence agency which is providing and coordinating services. From October 2009 through September 2010 we granted 224 good cause domestic violence waivers.</p>	
<p><u>6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:</u></p>	
<p><u>i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;</u></p>	
<p><u>ii. Any policies that limit such payments to families that are eligible for</u></p>	

TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

Effective January 2002, we provide lump sum benefits for individuals requesting this option. They must meet all of our eligibility requirements. If they do, they may request to receive their benefits in a "lump sum" payment of three months, six months or eight months. If they choose this option, they are ineligible for assistance for five months, eight months or twelve months respectively. As part of determining eligibility for this program, the applicant must show how the money will be used and how this use will lead towards self-sufficiency. The applicant is also provided with a list of optional available resources. An application for lump sum benefits is the same as the application for financial assistance. These applications are applications for financial assistance, food stamps and medical. Eligibility for all programs is determined simultaneously. The Grant Diversion Program ended effective September 30, 2008. This program became the Upfront Universal Engagement program which began effective October 1, 2008 as a TANF time limited benefit. The state does not have a diversion program. Effective 09/2006 we implemented support for shelter subsidy and motor vehicle support. Clients may receive a one time only payment, not to exceed the cost of two months of shelter. The monthly shelter may not exceed sixty percent of the household income. This subsidy is to help families maintain or obtain housing and the need must be related to employment. Households may also receive a one time supplement of \$1,000 to assist with car replacement or repair. This is also related to employment.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

The Department has entered into an agreement with the Department of Labor and Industrial Relations to utilize a process which parallels the Joint Training and Partnership Act (JTPA) Grievance Procedure for Sub-recipients". Grievances shall include an opportunity for informal resolution. The informal grievance process is composed of two stages. Complaints are presented to the supervisor of the unit affected by the grievance. The unit supervisor must resolve the grievance informally within 10 working days. If the complainant is not satisfied with this resolution, they may proceed to the second stage which is presenting the complaint to the Program Administrator. The Program Administrator must also issue a decision within 10 working days. Persons dissatisfied with attempts at formal resolution may request a hearing with the State. A hearing shall be conducted within 30 working days of the filing for an appeal and a decision must be issued within

60 working days of the appeal being filed. Challenges of this decision must be filed with the Administrative Law Judges, *U. S. Department of Labor within 20 working days of receiving an unfavorable ruling from the department's administrative appeal decision

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

Teen Pregnancy Prevention Efforts of the Department of Human Services: The department has 53 contracts with private providers such as The Salvation Army and Parents and Children Together, as well as Memoranda of Agreement (MOA) with various state departments, such as the Department of Defense (DOD), Department of Education (DOE), University of Hawaii (UH), Office of Youth Services (OYS), and State Foundation on Culture and the Arts. The services encompass the Teen Pregnancy Prevention effort to include alternative activities for children with after-school programs, community-based involvement, and teacher training and course offerings in teen pregnancy prevention curricula. A brief description of each service is provided below. • **Healthy Lifestyles in Our Community:** The program is in conjunction with the Department of Defense and is designed for at-risk youth between the ages of 5 and 18 years of age to focus on alternative activities, family strengthening, prevention and reduction of out-of-wedlock pregnancies, and drug awareness issues. • **Peer Education Program (PEP) and Graduation, Reality and Dual Skills (GRADS) Training:** In conjunction with the DOE, through the Office of Curriculum, Instruction and Student Support, we are providing training to PEP and GRADS instructors and students in the Making a Difference (MAD) and Reducing the Risk (RTR) curricula. • **State Foundation on Culture and the Arts (SFCA):** The department entered into an agreement with the SFCA to provide arts and cultural education and other related services that are intended to increase or improve the prevention and reduction of out-of-wedlock pregnancies by "leveling the playing field" for youngsters from disadvantaged circumstances so that such youngsters may avail themselves of the proven ability of the arts to promote life skills and prevent bad decision making. • **Uniting Peer Learning, Integrating New Knowledge (UPLINK):** An activity-based after-school program through an agreement with the DOE, to proactively prevent middle school students from engaging in risky behaviors during the late afternoons when schools are not in session. • **Youth Service Centers:** Through the MOA with OYS, at-risk youth and their families can feel comfortable accessing a continuum of services and resources during after-school hours, weekends, school intercessions and holidays provided at twelve (12) community-based locations statewide.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF

purpose 4):

Hawaii encourages and supports the formation and maintenance of two parent families through our state funded two parent family program. One of the primary hypotheses of this program was that families need two incomes to survive in our economy. We therefore decided to run parallel programs for one and two parent families. There are no penalties for households that include two adults. We have also made compliance with the Child Support Enforcement Agency (CSEA) a condition of eligibility. Families who fail to comply, without good cause, are ineligible for financial assistance until they comply. Additionally, we are participating with CSEA and Welfare to Work (WTW) regarding WTW eligibility for absent parents and financial incentives to encourage participation.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 678

Attachment B 0
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

: YWCA of Oahu

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides the Economic Advancement and Youth Programs, childcare, Dress for Success, Fernhurst YWCA , Home-based programs, and Ways to Work to needy families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$385,601

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$385,601

8. Total Number of Families Served under the Program with MOE Funds: 1,058

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 1
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

YMCA of Honolulu

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides youth development/family strengthening programs to needy children and families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$2,736,727

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,736,727

8. Total Number of Families Served under the Program with MOE Funds: 64,843

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 2
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

University of Hawaii

2. Description of the Major Program Benefits, Services, and Activities:

This State agency provides instruction to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five year time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$66,965,479

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$66,965,479

8. Total Number of Families Served under the Program with MOE Funds: 17,843

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 3
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Susannah Wesley community Center

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency provides in home parenting and counseling.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$259,751

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$259,751

8. Total Number of Families Served under the Program with MOE Funds: 1,588

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 4
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Sounding Joy Therapy

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency provides music therapy to at-risk youths and needy families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$170,233

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$170,233

8. Total Number of Families Served under the Program with MOE Funds: 205

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

: Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 5
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Shriner's Hospital for Children - Honolulu

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides the highest quality of care to children with neuromusculoskeletal conditions, burn injuries and special care needs within a compassionate, family-centered and collaborative care environment.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$10,391,199

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$10,391,199

8. Total Number of Families Served under the Program with MOE Funds: 4,040

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

The Salvation Army Family Treatment Services

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides drug and alcohol treatment for women with children.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,843,593

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,843,593

8. Total Number of Families Served under the Program with MOE Funds: 277

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 7
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Parents and Children Together

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides services to individuals/families that address daily challenges which can include social-economic barriers, family violence, inadequate parenting skills, lack of workplace skills, poverty, teenage pregnancy, poor school performance, and behavioral difficulties.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$2,014,412

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,014,412

8. Total Number of Families Served under the Program with MOE Funds: 5,596

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 8
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Department of Human Services, Office of Youth Services – Youth Residential Services Program

2. Description of the Major Program Benefits, Services, and Activities:

This agency provides positive youth development programs to children in middle to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$2,254,333

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,254,333

8. Total Number of Families Served under the Program with MOE Funds: 86

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

: Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 9
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Department of Human Services, Office of Youth Services – Education/Vocation Services

2. Description of the Major Program Benefits, Services, and Activities:

This State agency provides positive youth development programs to children in middle to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$290,289

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$290,289

8. Total Number of Families Served under the Program with MOE Funds: 204

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 10
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Department of Human Services, Office of Youth Services – Positive Youth Development Program

2. Description of the Major Program Benefits, Services, and Activities:

This agency provides positive youth development programs to children in middle to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,873,786

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,873,786

8. Total Number of Families Served under the Program with MOE Funds: 3,942

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 11
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Department of Human Services, Office of Youth Services – Outreach and Advocacy Services

2. Description of the Major Program Benefits, Services, and Activities:

This agency provides positive youth development programs to children in middle to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$160,868

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$160,868

8. Total Number of Families Served under the Program with MOE Funds: 69

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 12 Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Nanakuli Housing Corp.</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> This is a private non-profit agency which provides meal to families that the Department of Housing and Urban Development guidelines specifically exclude.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$139,279</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$139,279</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,177</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 13
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Kokua Kalihi Valley
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> This is a private non-profit agency which provides Teen Pregnancy Prevention and Positive Youth Development, and Family Strengthening programs to low income children.
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.
<u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$358,517
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$358,517
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 11,273
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 14
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Kama'aina Care, Inc. dba Kama'aina Kids

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides educational and enrichment programs to children from infancy.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities

6. Total State Expenditures for the Program for the Fiscal Year: \$2,392,439

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,392,439

8. Total Number of Families Served under the Program with MOE Funds: 2,791

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 15
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Institute for Human Services

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides homeless shelters and services.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,006,280

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,006,280

8. Total Number of Families Served under the Program with MOE Funds: 3,712

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 16 Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Hawaii Department of Human Services, Hawaii Public Housing Authority</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> This State agency provides homeless and shelters to needy families.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$8,275,496</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$8,275,496</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 20,500</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 17 Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Hawaii Department of Labor Relations</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Hawaii Department of Labor Relations</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$6,266,674</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$6,266,674</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 932</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 18
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

: Hawaii Department of Human Resources

2. Description of the Major Program Benefits, Services, and Activities:

This State agency provides worker's compensation benefits to employees of the State of Hawaii.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$685,077

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$685,077

8. Total Number of Families Served under the Program with MOE Funds: 884

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 19
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Department of Education

2. Description of the Major Program Benefits, Services, and Activities:

This State agency provides the Pre-K program, Drop out Prevention programs, and Lanuguage Arts Multicultural programs.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,998,008

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,998,008

8. Total Number of Families Served under the Program with MOE Funds: 545

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 20
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Helping Hands Hawaii

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides a variety of social service programs, including behavioral health services, financial and material assistance, and translation services to needy families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,648,108

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,648,108

8. Total Number of Families Served under the Program with MOE Funds: 3,712

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

: Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 21
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Health Information Corporation

2. Description of the Major Program Benefits, Services, and Activities:

Hospital services provided to low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

Hospital services provided to low income families.

6. Total State Expenditures for the Program for the Fiscal Year: \$15,774,262

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$15,774,262

8. Total Number of Families Served under the Program with MOE Funds: 1,409

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 22
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hawaii Foodbank

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which distributes over eight million pounds of food per year to needy families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,448,614

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,448,614

8. Total Number of Families Served under the Program with MOE Funds: 183,500

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 23
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Hale Kipa, Inc.

2. Description of the Major Program Benefits, Services, and Activities:

: This is a private non-profit agency which provides residential shelter and outreach services to teens.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,299,352

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,299,352

8. Total Number of Families Served under the Program with MOE Funds: 2,357

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 24
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Goodwill Industries of Hawaii, Inc.

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides volunteer income tax clinics for low-income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$13,239

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$13,239

8. Total Number of Families Served under the Program with MOE Funds: 680

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

: Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 25
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Goodwill Industries of Hawaii, Inc.

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides the Ohana Career/Learning Center programs for low income families.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$66,239

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$66,239

8. Total Number of Families Served under the Program with MOE Funds: 1,120

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 26
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Goodwill Industries of Hawaii, Inc.

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides a home ownership assistance program

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$51,450

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$51,450

8. Total Number of Families Served under the Program with MOE Funds: 66

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 27 Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Girl Scouts of Hawaii</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> This is a private non-profit agency which conducts the Girl Scout after school hours program for up to 15 Title I public schools on Oahu for girls ages 5 to 11 and a program for girls ages 5 to 11 living on Oahu whose mothers are incarcerated.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$5,636,158</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$5,636,158</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 14,400</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></p>

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 28 Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Child and Family Service

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency that provides sex abuse treatment services. Provides comprehensive services to families and individuals who have experienced intra-familial sexual abuse. Services are provided to child and adult victims, non-offending partners, alleged juvenile and adult offenders, and siblings.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$22,501

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$22,501

8. Total Number of Families Served under the Program with MOE Funds: 300

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 29
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Child and Family Service – Healthy Start
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> This is a private non-profit agency program that serves environmentally at-risk families of children newborn to three years of age. The infants and children are considered at-risk for child abuse and neglect and developmental delays. The program provides comprehensive home visitation, brief counseling. The intensity of the program varies over the course of service, starting with weekly home visits, and reducing the frequency as the family and child meet their goals..
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.
<u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$164,827
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$164,827
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 107
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.
<u>10. Prior Program Authorization: Was this program authorized and allowable</u>

under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 30
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Child and Family Service – Hale O Ulu

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency program that provides a co-ed secondary alternative education for at-risk youth. The program provides education, clinical counseling, and social services to students and families who have social adjustment, emotional, or school related difficulties. Students, who are unable to adjust to a traditional education system, are referred by the DOE or Judiciary. For many students, Hale O Ulu may be their last opportunity to become educationally successful and earn a high school diploma.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,338

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,338

8. Total Number of Families Served under the Program with MOE Funds: 131

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ **Yes** ☐ **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): **\$0**

Attachment B 31
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Child and Family Service
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> This is a private non-profit agency that provides domestic abuse and transitional shelters. Provides victims of domestic violence and their families with temporary shelter, provision for basic needs (food, clothing, etc.), counseling, and services for children. Transitional Apartment Program provides housing for victims who need safety and support and are ready to go to school or work.
<u>3. Purpose(s) of Benefit or Service Program:</u> Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.
<u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$49,652
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$49,652
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 721
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u>

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 32
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Child and Family Service

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency that provides community centers in partnership with a community Ohana Board and other community agencies. Provides family support and family preservation services to families in defined areas of Kauai.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$28,709

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$28,709

8. Total Number of Families Served under the Program with MOE Funds: 2,391

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 33
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Catholic Charities Hawaii

2. Description of the Major Program Benefits, Services, and Activities:

Provides pregnancy support, outreach services and residential services through the Mary Jane Program.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$116,975

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$116,975

8. Total Number of Families Served under the Program with MOE Funds: 2,120

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 34
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Boys and Girls Club of Hawaii

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency guidance services for children between the ages of seven to seventeen through organized activities.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$925,786

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$925,786

8. Total Number of Families Served under the Program with MOE Funds: 9,800

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 35
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Big Brothers Big Sisters of Honolulu

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides one to one mentoring of children and youth in professionally supported relationships.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$2,092,231

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,092,231

8. Total Number of Families Served under the Program with MOE Funds: 675

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 36
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Alu Like, Inc.

2. Description of the Major Program Benefits, Services, and Activities:

This is a private non-profit agency which provides financial literacy for low and middle income families in Hawaii.

3. Purpose(s) of Benefit or Service Program:

Purpose of the program is to assist and support independence and self-sufficiency within a five years time limit.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

These programs provide services, not day to day living expenses. There are no work activities. They are supportive services for work activities.

6. Total State Expenditures for the Program for the Fiscal Year: \$774,632

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$774,632

8. Total Number of Families Served under the Program with MOE Funds: 2,853

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF or FTW like program or servicing TANF like recipients. The household must include children and the family income does not exceed 500% of the federal poverty limit.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 37
Grantee Information

<u>State</u> HAWAII	<u>Fiscal Year</u> 2010
---------------------	-------------------------

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

State Expenditures of Administrative and System Costs for Costs Claimed as MOE Expenditures.

2. Description of the Major Program Benefits, Services, and Activities:

These administrative and system costs are used for the Temporary Assistance to Needy Families (TANF), Temporary Assistance to Other Needy Families (TAONF-M) ineligible non-citizens and First To Work (FTW) programs exclusively.

3. Purpose(s) of Benefit or Service Program:

Purpose of the expenditures is to administer, implement and support the TANF, TAONF-M, and FTW programs.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

This is NOT a separate state program.

6. Total State Expenditures for the Program for the Fiscal Year: \$63,349,888

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$63,349,888

8. Total Number of Families Served under the Program with MOE Funds: 1,740

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be administering or supervising a TANF, TAONF-M or FTW program or servicing recipients of TANF, TAONF-M or FTW

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Certification
Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature 

Name Sandra M. Morishige

Title Acting Financial Assistance Program Administrator

Date Submitted 07/21/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.